

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90116 009 ***150.00
FILED P14934
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 10:00

DOCUMENT # P14934 1. Entity Name OMNI FREIGHT BROKERS, INC.					
Principal Place of Business 2212 PARK PLACE P.O. BOX 1674 PONTE VEDRA BEACH, FL 32004			Mailing Address 2212 PARK PLACE P.O. BOX 1674 PONTE VEDRA BEACH, FL 32004		
2. Principal Place of Business 2212 Sawgrass Village Dr.		3. Mailing Address P. O. Box 1674			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL		4. FEI Number 58-1529733	
Zip 32082		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMIDT, RONALD C. 2212 PARK PLACE PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2212 Sawgrass Village Drive City Ponte Vedra Beach FL Zip 32082		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW IN - FEB IS \$160.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHMIDT, RONALD C. 2212 PARK PLACE PONTE VEDRA BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2212 Sawgrass Village Dr.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMPSEY, G. WAYNE 4391 AUTUMN RIVER RD.E JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Barbara Jones 170 Solano Cay Circle Ponte Vedra Beach, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, ANTHONY E. 100 E HURON ST., UNIT # 2204 CHICAGO, IL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Ronald Schmidt 07/07/2005 904-285-3704		